

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050700

STATE FILE NUMBER

Registration District No. 141

Primary Registration District No. 3425

Registrar's No. 7

DO NOT WRITE  
ON THIS STUB

AMENDED

PLACE OF DEATH  
COUNTY Howell

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN West Plains, Missouri

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Howell

c. CITY OR TOWN Bakersfield, Mo.

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION West Plains Memorial Hospital

Inside Limits

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
William John Marshall

4. DATE OF DEATH  
Month Day Year  
12-30-1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
2-15-1901

9. AGE (last birthday)  
62 Years

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Altuna Park, Iowa

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Frank Marshall

13b. MOTHER'S MAIDEN NAME

Frances White

14. NAME OF HUSBAND OR WIFE

Vivian Heath Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Mrs. William Marshall Bakersfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from

dead on arrival at West Plains Mem. Hospital

Death occurred at approx 2 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

M-L Fowler MD

22b. ADDRESS

West Plains, Mo

22c. DATE SIGNED

11/4/64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-3-1964

23c. NAME OF CEMETERY OR CREMATORY

Homeland Cemetery

23d. LOCATION (City, town, or county)

West Plains, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Robertson Funeral Home W. P., Mo.

25. DATE RECD. BY LOCAL REG.

1-16-1964

26. REGISTRAR'S SIGNATURE

Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

1 1465

2 0460

3

4 0

5 1

6

7 1

8 0

9 1201

10

11

12 2-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *W. R. Rauten*

Licensed Embalmer No. 3442

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.